STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: COLORADO

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

	Service	Type Charge Deduct.	Coins.	Copay	Amount and Basis for Determination
a.	Hospital outpatient visit			x	$ 3.00 per visit
b.	Physician home or office visit (M.D. or D.O.)			x	$ 2.00 per visit
c.	Clinic visit (Rural Health, FQHC, and Public Health			x	$ 2.00 per visit
d.	Brief, individual, group, and partial care community mental health center visits (except services which fall under Home and Community Based Service programs)			x	$ 2.00 per visit
e.	Pharmacy			x	$ .50 per prescription or refill for all generic or multi-source drugs $ 2.00 per prescription or refill for all single source or brand name drugs.
f.	Optometrist visit			x	$ 2.00 per visit
g.	Podiatrist visit			x	$ 2.00 per visit
h.	Inpatient hospital visit			x	$15.00 per stay (will be charged on discharge date)
i.	Psychiatric services			x	$ .50 per unit services (defined as 15 minute segments)

When the average or typical State payments for the above services are taken into consideration, all copayments were computed at a level to maximize the effectiveness without causing undue hardship on the recipients, assuring that they do not exceed the maximum permitted under 42 CFR 447.54.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Colorado

B. The method used to collect cost sharing charges for categorically needy individuals:

☒ Providers are responsible for collecting the cost sharing charges from individuals.

☐ The agency reimburses providers the full Medicaid rate for a services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

The copayment is collected at the time of service, according to state statute. The recipient may indicate his/her inability to pay at that time. Inability to make a copayment at the time of service characterizes the recipient's immediate financial situation. The provider may not deny services to a recipient who may be unable to pay although this does not extinguish the liability of the recipient.

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State: Colorado

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Providers are notified of copayment requirements for service covered and exempt groups and services through Medicaid bulletins issued by the fiscal agent. Providers are required to assess copayment at the time of service delivery. Amendments to section 1916(c) of the Social Security Act include a provision that no provider participating in Medicaid may deny care or services to an individual because of his/her inability to pay the required cost sharing charges. The recipient is still responsible for the copayment and the provider may collect at a later date.

E. Cumulative maximums on charges:

/ / State policy does not provide for cumulative maximums.

/XX Cumulative maximums have been established as described below:

Those individual whos copayments reach a limit of $150.00 within a January 1 through December 31 calendar year will be exempted from further copayments during that calendar year. When claims received by the fiscal agent indicate that the limit has been reached, a temporary exemption card will be issued automatically to the recipient by the State which will be valid until the exemption is indicated on the Medicaid Authorization Card, and no more copayments will be required during the calendar year. The exemption will begin on the date of payment for the claim which indicates that the cumulative maximum has been reached. Additional services rendered prior to that date will still be subject to copayment.

Because claims are often received several months after the date of service, a recipient who has reached the limit may apply directly to the State Department of Health Care Policy and Financing for an exemption by writing or calling the the Department. The Department will then verify that the recipient has met the maximum and a temporary exemption card will be issued for the remainder of that month. Subsequent Medicaid Authorization Cards for the remainder of the calendar year will indicate the recipient's exemption from copayment.